

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10089611  
APPLICANT(S)

FILING DATE

| AS FILED     |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      | CLAIMS |  |      |  |      |  |      |  |
|--------------|------|---------------------|------|---------------------|------|--------|--|------|--|------|--|------|--|
| IND.         | DEP. | IND.                | DEP. | IND.                | DEP. | IND.   |  | DEP. |  | IND. |  | DEP. |  |
| 1            |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 2            |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 3            |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 4            |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 5            |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 6            |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 7            |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 8            |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 9            |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 10           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 11           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 12           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 13           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 14           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 15           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 16           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 17           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 18           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 19           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 20           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 21           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 22           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 23           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 24           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 25           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 26           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 27           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 28           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 29           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 30           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 31           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 32           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 33           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 34           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 35           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 36           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 37           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 38           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 39           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 40           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 41           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 42           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 43           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 44           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 45           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 46           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 47           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 48           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 49           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| 50           |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| TOTAL IND.   |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| TOTAL DEP.   |      |                     |      |                     |      |        |  |      |  |      |  |      |  |
| TOTAL CLAIMS |      |                     |      |                     |      |        |  |      |  |      |  |      |  |

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\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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